INTERVIEW CONSENT FORM
“Promoting physical activity using walking poles in senior citizens of Southern Vermont’s Deerfield Valley region”
Siyeon Andrew Seong
11/17/2016

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes ✓
Name: Kori DeLuca
Name: K. DeLuca

If not consenting as above: please add the interviewee names here for the Department of Family Medicine information only.

Name: __________________________
Name: __________________________
Name: __________________________

If you received informed consent, please upload this page as a separate document entitled: “Name of Project/Interview Consent Form”.

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.
INTERVIEW CONSENT FORM

"Walking pole use to improve physical activity in the elderly population of Southern Vermont's Deerfield Valley region"
Siyeon Andrew Seong
11/17/2016

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes ☐
Yes ☑

Name:

Name: April Dunham, DME Specialist

The Pharmacy

April Dunham, DME Specialist

205 North Street
Bennington, Vermont 05201
Phone: 802-442-5602 • Fax: 802-442-8023
Email: adunham@pharmacyinc.net

If you received informed consent, please upload this page as a separate document entitled: "Name of Project/Interview Consent Form".

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.